DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006 Adult Day Care Facility STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: DAYBREAK II (500018)

Address: 154 MEMORIAL DRIVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 03/17/1997

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096584 End Date: 03/10/2006 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094081 End Date: 02/04/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093054 End Date: 08/04/2004 Type: OTHER Purpose: DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED